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ALBERTO TORRICO

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TWENTIETH DISTRICT

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Legislative Proposal

Name: _____

Address: _____

City, Zip Code: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail: _____

What's the problem that you want to be addressed by legislation?

What's your solution?

Why is this problem a major issue? Please include any studies, reports, newspaper articles, personal experience, or anecdotal evidence relating to your proposal.

Legislative Proposal

Supplementary Information Form

Note: This portion of the application is not mandatory; however, it is suggested that you complete it to the best of your ability, as it will allow us to better understand your bill idea.

Proposed language for the bill, (be as detailed as possible, attach extra sheets if necessary):

Are you aware of similar legislation previously introduced in California or in other states? If so, please, include the author, bill number, and outcome of the legislation:

Please describe the financial impacts (i.e., costs, savings, or revenue) of your proposal you anticipate may be associated with your proposal.

Who do you think would support the bill? Consider legislators, the governor and his administration, state and local government agencies, and interest groups.

Who do you think would oppose the bill? Consider legislators, the governor and his administration, state and local government agencies, and interest groups.

**Upon completion, please mail, fax, or e-mail this form to:
The Office of Assembly Majority Leader Alberto Torrico
39510 Paseo Padre Parkway, Suite #280
Fremont, CA 94538
Phone: (510) 440-9030 Fax: (510) 440-9035
Email: assemblymember.torrico@assembly.ca.gov**

Note: if you submit your entry via e-mail, be sure to write “Legislative Proposal” in the subject line.